

Iowa CACFP

HM = Human Milk
Ft = Fruit

Opt= Optional Tbsp = Tablespoon S = Snack

Veg = Vegetable
IFF = Iron Fortified Infant Formula
IFC = Iron Fortified Infant Cereal

Abbreviations

4-7 Months - Individual Infant Monthly Menu

Directions: This monthly menu form is for one infant (age 4-7 months). Date and complete the menus (breakfast, lunch and snack) as served. Designate which snack is served (AM or PM) or divide snack in half if both AM and PM snacks are served.

Revised 2/2009

Month & Year		Infant's Name		
Formula Name		Birth date	Age	
Who provides formula?	Parent or Center (circle one)	Optional foods tried and now required		

	Infant Meal Pattern*	Monday	Tuesday	Wednesday	Thursday	Friday
	miant wear Pattern	Date:	Date:	Date:	Date:	Date:
Bft	4-8 oz HM or IFF					
à	0-3 Tbsp IFC (Opt)					
Lunch	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
		Date:	Date:	Date:	Date:	Date:
Bft	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
Ч	4-8 oz HM or IFF					
Lunch	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
		Date:	Date:	Date:	Date:	Date:
Bft	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
Lunch	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
		Date:	Date:	Date:	Date:	Date:
Bft	4-8 oz HM or IFF					
B	0-3 Tbsp IFC (Opt)					
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Lunch	0-3 Tbsp IFC (Opt)					
٦	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
		Date:	Date:	Date:	Date:	Date:
Bft	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
Lunch	4-8 oz HM or IFF					
	0-3 Tbsp IFC (Opt)					
	0-3 Tbsp Ft and/or Veg (Opt)					
S	4-6 oz HM or IFF					
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*Minimum quantities are listed, some infants will need more food to be healthy.

Note: Prepare the amount of breast milk the baby usually drinks at one feeding. Some babies may drink less than 4 oz. at a feeding. Offer more if the baby still seems hungry.